

Fill in this information to identify the case:

United States Bankruptcy Court for the:

DISTRICT OF MINNESOTA

Case number (if known) Chapter 11

☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/25

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	VOLTZ, INC.	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names	DBA LEGACY TOYS	
3. Debtor's federal Employer Identification Number (EIN)	90-0140840	
4. Debtor's address	Principal place of business 10 SOUTHDALE CENTER STE 1585 EDINA, MN 55435 Number, Street, City, State & ZIP Code Hennepin County	Mailing address, if different from principal place of business PO BOX 1235 MAPLE GROVE, MN 55311-1000 P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code
5. Debtor's website (URL)	https://legacytoys.com/	
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify:	

Debtor **VOLTZ, INC.**
Name

Case number (if known)

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

4552

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check **all** that apply:

- ☒ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,424,000 (amount subject to adjustment on 4/01/28 and every 3 years after that).
- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor **VOLTZ, INC.** Case number (if known) _____
Name

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☒ No ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor Relationship
District _____ When _____ Case number, if known _____

11. Why is the case filed in this district? Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? ☒ No ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention?** (Check all that apply.)
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____
- Where is the property?** _____
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds Check one:
- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input checked="" type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
|---|--|--|

Debtor	VOLTZ, INC.	Case number (if known)
	Name	
	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million
	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million
	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million
		<input type="checkbox"/> \$1,000,000,001 - \$10 billion
		<input type="checkbox"/> \$10,000,000,001 - \$50 billion
		<input type="checkbox"/> More than \$50 billion

Debtor **VOLTZ, INC.** Case number (if known) _____
Name

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **June 25, 2025**
MM / DD / YYYY

X /s/ BRAD RUOHO
Signature of authorized representative of debtor

Title **PRESIDENT**

BRAD RUOHO
Printed name

18. Signature of attorney

X /s/ JOHN D. LAMEY III
Signature of attorney for debtor

Date **June 25, 2025**
MM / DD / YYYY

JOHN D. LAMEY III 0312009
Printed name

LAMEY LAW FIRM, P.A.
Firm name

**980 INWOOD AVE N
OAKDALE, MN 55128-7094**
Number, Street, City, State & ZIP Code

Contact phone **651.209.3550** Email address **JLAMEY@LAMEYLAW.COM**

0312009 MN
Bar number and State

Fill in this information to identify the case:

Debtor name VOLTZ, INC.

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 25, 2025

X /s/ BRAD RUOHO

Signature of individual signing on behalf of debtor

BRAD RUOHO

Printed name

PRESIDENT

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **VOLTZ, INC.**
 United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
ASMONDEE NORTH AMERICA 1995 WEST COUNTY ROAD B2 Saint Paul, MN 55113		UNSECURED				\$34,691.13
BRAD RUOHO PO BOX 1235 MAPLE GROVE, MN 55311		UNSECURED (INSIDER CLAIM)				\$223,991.14
BREMER BANK ATTN PRESIDENT OR MANGING PARTNER 8555 Eagle Point Boulevard Lake Elmo, MN 55042		BLANKET LIEN - ALL ASSETS		\$1,100,566.00	\$620,582.42	\$479,983.58
CHASE CARD SERVICES ATTN: BANKRUPTCY DEPARTMENT PO BOX 15298 Wilmington, DE 19850		CREDIT CARD				\$118,930.32
MANHATTAN TOY 110 5TH ST. NO. #700 Minneapolis, MN 55403		UNSECURED				\$27,030.21
MASTER PIECES INC ATTN PRESIDENT 12475 N RANCHO VISTOSO BLVD Tucson, AZ 85755-1894		UNSECURED				\$56,610.85

Debtor **VOLTZ, INC.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
MATTEL INC. PO BOX 100125 Atlanta, GA 30384		UNSECURED				\$55,306.57
MELISSA & DOUG, LLC PO BOX 590 Westport, CT 06881		UNSECURED				\$27,230.82
MERIDIAN EQUIPMENT FINANCE LLC ATTN CHIEF MANAGER 9 OLD LINCOLN HIGHWAY Malvern, PA 19355		FACE PLACE MARVEL ADVENTURE LAB, PHOTO ATTRACTIKON & CARD READER		\$33,430.28	\$10,000.00	\$23,430.28
MINNESOTA DEPT OF REV COLLECTION DIVISION PO BOX 64564 Saint Paul, MN 55164-0564		PRIORITY TAXES				\$68,684.00
MIRACLE MILE LLC 3251 W 6TH ST STE 109 Los Angeles, CA 90020		UNSECURED/FOR MER LANDLORD				\$64,426.10
NORTHEAST ENTREPRENEUR FUND INC ATTN PRESIDENT OR MANAGING OFFICER 202 W. SUPERIOR ST., SUITE 311 Duluth, MN 55802		BLANKET LIEN - ALL ASSETS		\$65,447.43	\$0.00	\$65,447.43
SCHYLLING C/O BERKSHIRE BANK PO BOX 941 Worcester, MA 01613		UNSECURED				\$29,755.07
SHOPIFY INC ATTN PRESIDENT OR MANAGING OFFICER 33 NEW MONTGOMERY ST. SUITE 750 San Francisco, CA 94105		UNSECURED				\$79,820.77

Debtor **VOLTZ, INC.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
SHOPIFY INC ATTN PRESIDENT OR MANAGING OFFICER 33 NEW MONTGOMERY ST. SUITE 750 San Francisco, CA 94105		BLANKET LIEN - ALL ASSETS		\$197,392.32	\$0.00	\$197,392.32
SIMON PROPERTY GROUP-MILLER HILL 867675 RELIABLE PARKWAY Chicago, IL 60686		UNSECURED				\$21,747.92
SPIN MASTER 300 INTERNATIONAL DRIVE STE 100 Buffalo, NY 14221		UNSECURED				\$110,555.66
UNIVERSITY GAMES 2030 HARRISON STREET San Francisco, CA 94110		UNSECURED				\$23,791.24
US BANK BANKRUPTCY/REC OVERY DEPARTMENT PO BOX 5229 Cincinnati, OH 45201		UNSECURED				\$26,705.41
US SMALL BUSINESS ADMINISTRATION 332 S MICHIGAN STE 600 Chicago, IL 60604		UNSECURED				\$499,186.39

Fill in this information to identify the case:

Debtor name **VOLTZ, INC.**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ **620,582.42**

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ **620,582.42**

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **1,396,836.03**

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **68,685.00**

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **1,721,893.35**

4. **Total liabilities**
Lines 2 + 3a + 3b

\$ **3,187,414.38**

Fill in this information to identify the case:Debtor name **VOLTZ, INC.**United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B
Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of
debtor's interest****2. Cash on hand****\$1,000.00****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account
number**3.1. U.S. BANK, N.A.****CHECKING****6321****\$2,450.71****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$3,450.71**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. Accounts receivable

Debtor **VOLTZ, INC.** Case number (If known) _____
Name

11a. 90 days old or less: 10,000.00 - 0.00 = \$10,000.00
face amount doubtful or uncollectible accounts

11a. 90 days old or less: 3,500.00 - 0.00 = \$3,500.00
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$13,500.00

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies INVENTORY HELD FOR RESALE	<u>06/21/2025</u>	<u>\$566,599.36</u>	<u>Recent cost</u>	<u>\$545,631.71</u>

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$545,631.71

24. Is any of the property listed in Part 5 perishable?

- ☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Debtor **VOLTZ, INC.** Case number (If known) _____
Name

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
40.	Office fixtures STORE FIXTURES	Unknown	Liquidation	\$25,000.00
	FACE PLACE MARVEL ADVENTURE LAB, PHOTO ATTRAKIKON & CARD READER	Unknown	Liquidation	\$10,000.00

41. Office equipment, including all computer equipment and communication systems equipment and software

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.** Add lines 39 through 42. Copy the total to line 86. \$35,000.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1.	2022 DODGE RAM PROMASTER (20,000+ MILES)	\$0.00	Comparable sale	\$23,000.00

48. **Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm**

Debtor **VOLTZ, INC.** Case number (If known) _____
Name

machinery and equipment)

51. **Total of Part 8.** **\$23,000.00**
Add lines 47 through 50. Copy the total to line 87.

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets LEGACY TOYS (ASSUMED NAME)	\$0.00		\$0.00
61.	Internet domain names and websites https://legacytoys.com/	\$0.00		\$0.00
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations CUSTOMER LIST	\$0.00		\$0.00

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.** **\$0.00**
Add lines 60 through 65. Copy the total to line 89.

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?

- ☒ No
☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- ☒ No
☐ Yes

Debtor **VOLTZ, INC.** Case number (If known) _____
Name

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor **VOLTZ, INC.** Case number (If known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$3,450.71	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$13,500.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$545,631.71	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$35,000.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$23,000.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$620,582.42	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$620,582.42

Fill in this information to identify the case:

Debtor name **VOLTZ, INC.**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	BREMER BANK <small>Creditor's Name</small> ATTN: PRESIDENT OR MANGING PARTNER 8555 Eagle Point Boulevard Lake Elmo, MN 55042 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 10/09/2019 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien BLANKET LIEN - ALL ASSETS Describe the lien UCC-1 FINANCING STATEMENT (SECURING 3 LOANS) Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,100,566.00	\$620,582.42

2.2	MERIDIAN EQUIPMENT FINANCE LLC <small>Creditor's Name</small> ATTN: CHIEF MANAGER 9 OLD LINCOLN HIGHWAY Malvern, PA 19355 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 08/11/2021 Last 4 digits of account number	Describe debtor's property that is subject to a lien FACE PLACE MARVEL ADVENTURE LAB, PHOTO ATTRAKTICON & CARD READER Describe the lien UCC-1 FINANCING STATEMENT Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	\$33,430.28	\$10,000.00
-----	---	--	--------------------	--------------------

Debtor **VOLTZ, INC.** Case number (if known)

Name

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.3 NORTHEAST ENTREPRENEUR FUND INC

Creditor's Name

**ATTN PRESIDENT OR
MANAGING OFFICER
202 W. SUPERIOR ST.,
SUITE 311
Duluth, MN 55802**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

11/21/2017

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

BLANKET LIEN - ALL ASSETS

\$65,447.43

\$0.00

Describe the lien

UCC-1 FINANCING STATEMENT

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.4 SHOPIFY INC

Creditor's Name

**ATTN PRESIDENT OR
MANAGING OFFICER
33 NEW MONTGOMERY
ST. SUITE 750
San Francisco, CA 94105**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

01/02/2025

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

BLANKET LIEN - ALL ASSETS

\$197,392.32

\$0.00

Describe the lien

UCC-1 FINANCING STATEMENT

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$1,396,836.03

Debtor **VOLTZ, INC.** Case number (if known) _____
Name

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did
you enter the related creditor?

Last 4 digits of
account number for
this entity

OLD NATIONAL BANK
ATTN PRESIDENT OR MANAGING PARTNER
1 MAIN ST
Evansville, IN 47708

Line 2.1

Fill in this information to identify the case:

Debtor name **VOLTZ, INC.**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address IRS PO BOX 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1.00	\$1.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: PRIORITY TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address MINNESOTA DEPT OF REV COLLECTION DIVISION PO BOX 64564 Saint Paul, MN 55164-0564	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$68,684.00	\$68,684.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: PRIORITY TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor	VOLTZ, INC. Name _____	Case number (if known) _____
--------	----------------------------------	------------------------------

3.1	Nonpriority creditor's name and mailing address A&A GLOBAL INDUSTRIES 17 STENERSEN LANE Cockeysville, MD 21030-2113 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,433.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address ACCEL MECHANICAL LLC 2105 7TH AVE N Fargo, ND 58102 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$245.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3	Nonpriority creditor's name and mailing address ADT 452 SABLE BLVD UNIT G Aurora, CO 80011 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$657.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address ALLIANCE MECHANICAL SERVICES 1871 HEALYS RD Locust Hill, VA 23092 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$689.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5	Nonpriority creditor's name and mailing address ASMONDEE NORTH AMERICA 1995 WEST COUNTY ROAD B2 Saint Paul, MN 55113 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$34,691.13 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address BRAD RUOHO PO BOX 1235 MAPLE GROVE, MN 55311 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$223,991.14 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED (INSIDER CLAIM)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	Nonpriority creditor's name and mailing address BROOKFIELD PROPERTIES RIDGEDALE SHOPPING CENTER SDS-12-2774 PO BOX 86 Minneapolis, MN 55486 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,788.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	VOLTZ, INC. Name _____	Case number (if known) _____
--------	----------------------------------	------------------------------

3.8	Nonpriority creditor's name and mailing address BUFFALO GAMES 220 JAMES E CASEY DRIVE Buffalo, NY 14206 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$17,313.64 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9	Nonpriority creditor's name and mailing address CEACO/GAMEWRIGHT 250 ROYALL STREET STE 310 WEST Canton, MA 02021 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15,000.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10	Nonpriority creditor's name and mailing address CENTER POINT ENERGY 505 NICOLLET MALL PO BOX 59038 Minneapolis, MN 55459 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$882.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11	Nonpriority creditor's name and mailing address CHASE CARD SERVICES ATTN: BANKRUPTCY DEPARTMENT PO BOX 15298 Wilmington, DE 19850 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$118,930.32 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CREDIT CARD</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12	Nonpriority creditor's name and mailing address COMCAST CUSTOMER SERVICE DEPT 1500 MARKET ST Philadelphia, PA 19102 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$760.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13	Nonpriority creditor's name and mailing address COROLLE INC 1 CORPORATE DRIVE Grantsville, MD 21536 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,292.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	Nonpriority creditor's name and mailing address CRAZY AARON ENTERPRISES INC 710 E MAIN ST Norristown, PA 19401 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,265.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	VOLTZ, INC. Name _____	Case number (if known) _____
--------	----------------------------------	------------------------------

3.15	Nonpriority creditor's name and mailing address DICKS SANITATION SERVICE, INC PO BOX 679859 Dallas, TX 75267 Date(s) debt was incurred _____ Last 4 digits of account number <u>1002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$874.67 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

3.16	Nonpriority creditor's name and mailing address DJECO PO BOX 600 Grantsville, MD 21536 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,262.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

3.17	Nonpriority creditor's name and mailing address DOUGLAS TOYS 69 KRIF ROAD Keene, NH 03431 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,433.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	--

3.18	Nonpriority creditor's name and mailing address ENESCO LLC 500 PARK BLVD STE 1300 ITASCA, IL 60143 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,849.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

3.19	Nonpriority creditor's name and mailing address FARGO GLASS & PAINT CO 400 EAST 54TH ST N Sioux Falls, SD 57104 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$640.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	--

3.20	Nonpriority creditor's name and mailing address FAT BRAIN TOYS 20516 NICHOLAS CIRCLE Elkhorn, NE 68022 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,299.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.21	Nonpriority creditor's name and mailing address FEDEX PO BOX 94515 Palatine, IL 60094-4515 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$948.19 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

Debtor	VOLTZ, INC. Name _____	Case number (if known) _____
--------	----------------------------------	------------------------------

3.22	Nonpriority creditor's name and mailing address FIESTA 1405 JUPITER RD STE 104 Plano, TX 75074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,716.91
3.23	Nonpriority creditor's name and mailing address GORGAS INC 768 HARRISON ST STE 2 San Francisco, CA 94107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,715.96
3.24	Nonpriority creditor's name and mailing address HACHETTE BOOK GROUP 53 STATE STREET 9TH FLOOR Boston, MA 02109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$976.86
3.25	Nonpriority creditor's name and mailing address HUNT ELECTRIC 7900 CHICAGO AVE BLOOMINGTON, MN 55420 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,889.14
3.26	Nonpriority creditor's name and mailing address JELLCAT 800 WASHINGTON AVE NORTH STE 500 Minneapolis, MN 55401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,766.46
3.27	Nonpriority creditor's name and mailing address KETER ENVIRONMENTAL SERVICES, INC. 4 HIGH RIDGE PARK STE 202 Stamford, CT 06905 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$234.00
3.28	Nonpriority creditor's name and mailing address MAGNATILES 1347 ENTERPRISE DRIVE Romeoville, IL 60446 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,567.92

Debtor	VOLTZ, INC. <small>Name</small>	Case number (if known) _____
--------	---	------------------------------

3.29	Nonpriority creditor's name and mailing address MANHATTAN TOY 110 5TH ST. NO. #700 Minneapolis, MN 55403 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$27,030.21 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

3.30	Nonpriority creditor's name and mailing address MASTER PIECES INC ATTN PRESIDENT 12475 N RANCHO VISTOSO BLVD Tucson, AZ 85755-1894 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$56,610.85 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

3.31	Nonpriority creditor's name and mailing address MATTEL INC. PO BOX 100125 Atlanta, GA 30384 Date(s) debt was incurred _____ Last 4 digits of account number <u>4912</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$55,306.57 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

3.32	Nonpriority creditor's name and mailing address MELISSA & DOUG, LLC PO BOX 590 Westport, CT 06881 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$27,230.82 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	--

3.33	Nonpriority creditor's name and mailing address METRONET PO BOX 630546 Cincinnati, OH 45263-0546 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,320.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.34	Nonpriority creditor's name and mailing address MIRACLE MILE LLC 3251 W 6TH ST STE 109 Los Angeles, CA 90020 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$64,426.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED/FORMER LANDLORD</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

3.35	Nonpriority creditor's name and mailing address MN UNEMPLOYMENT DEPT OF EMPLOYMENT & ECONOMIC DEVELOPMEN PO BOX 4629 Saint Paul, MN 55101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>NOTICE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	--

Debtor	VOLTZ, INC. Name _____	Case number (if known) _____
--------	----------------------------------	------------------------------

3.36	Nonpriority creditor's name and mailing address MOAC MALL HOLDINGS LLC 2131 LINDAU LANE PO BOX 1450 Minneapolis, MN 55425 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	--	---	----------------

3.37	Nonpriority creditor's name and mailing address OOLY LLC 5607 PALMER WAY Carlsbad, CA 92010 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,954.30
------	--	--	--------------------

3.38	Nonpriority creditor's name and mailing address OUTFRONT MEDIA LLC 1333 NEW HAMPSHIRE AVE NW STE 460 Washington, DC 20036 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,487.50
------	--	--	-------------------

3.39	Nonpriority creditor's name and mailing address PARC PACKAGING PO BOX 24726 Jacksonville, FL 32241 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,058.23
------	---	--	-------------------

3.40	Nonpriority creditor's name and mailing address PLAY VISIONS 19180 144TH AVE NE Woodinville, WA 98072 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,984.20
------	--	--	-------------------

3.41	Nonpriority creditor's name and mailing address PLAYMOBIL 26 COMMERCE DRIVE Cranbury, NJ 08512 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,102.05
------	---	--	-------------------

3.42	Nonpriority creditor's name and mailing address QUALITY FORKLIFT SALES & SERVICES INC 5300 12TH AVE E Shakopee, MN 55379 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$304.20
------	---	--	-----------------

Debtor	VOLTZ, INC. Name _____	Case number (if known) _____
--------	----------------------------------	------------------------------

3.43	Nonpriority creditor's name and mailing address RAVENSBURGER NORTH AMERICA, INC 1 PUZZLE LANE Newton, NH 03858 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,979.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.44	Nonpriority creditor's name and mailing address RHODE ISLAND NOVELTY 5 INDUSTRIAL ROAD Cumberland, RI 02864 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13,024.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.45	Nonpriority creditor's name and mailing address ROBERT GIBB & SONS, INC 2011 GREAT NORTHERN DRIVE Fargo, ND 58102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$728.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.46	Nonpriority creditor's name and mailing address SCHYLLING C/O BERKSHIRE BANK PO BOX 941 Worcester, MA 01613 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$29,755.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.47	Nonpriority creditor's name and mailing address SHADYWOOD TREE EXPERTS & LANDSCAPING 402 11TH AVE S Hopkins, MN 55343 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,820.51 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.48	Nonpriority creditor's name and mailing address SHOPIFY INC ATTN PRESIDENT OR MANAGING OFFICER 33 NEW MONTGOMERY ST. SUITE 750 San Francisco, CA 94105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$79,820.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.49	Nonpriority creditor's name and mailing address SIMON PROPERTY GROUP-MILLER HILL 867675 RELIABLE PARKWAY Chicago, IL 60686 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$21,747.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	VOLTZ, INC. Name _____	Case number (if known) _____
--------	----------------------------------	------------------------------

3.50	Nonpriority creditor's name and mailing address SIMON PROPERTY GROUP-SOUTHDALE 10 SOUTHDALE CENTER EDINA, MN 55435 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20,190.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.51	Nonpriority creditor's name and mailing address SMART TOYS & GAMES 480 2ND STREET #203 San Francisco, CA 94107 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,330.04 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.52	Nonpriority creditor's name and mailing address SPEE-DEE DELIVERY SERVICE INC BOX 1417 Saint Cloud, MN 56302 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$634.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.53	Nonpriority creditor's name and mailing address SPIN MASTER 300 INTERNATIONAL DRIVE STE 100 Buffalo, NY 14221 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$110,555.66 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.54	Nonpriority creditor's name and mailing address TEDCO TOYS 498 S WASHINGTON ST Hagerstown, IN 47346 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,812.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.55	Nonpriority creditor's name and mailing address TFORCE FREIGHT INC 7664-A FULLERTON RD Springfield, VA 22153 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$169.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.56	Nonpriority creditor's name and mailing address THE HARTFORD FINANCIAL SERVICES GROUP ONE HARDFORD PLAZA Hartford, CT 06155 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,532.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	VOLTZ, INC. Name _____	Case number (if known) _____
--------	----------------------------------	------------------------------

3.57	Nonpriority creditor's name and mailing address TOMY INTERNATIONAL INC 39792 TREASURY CENTER Chicago, IL 60694 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$19,395.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.58	Nonpriority creditor's name and mailing address TONNA MECHANICAL 1440 INDUSTRIAL DR NW Rochester, MN 55901 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,157.62 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.59	Nonpriority creditor's name and mailing address TOY SMITH 3101 WEST VALLEY HWY EAST Sumner, WA 98390 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,621.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.60	Nonpriority creditor's name and mailing address TRANE US INC. 3600 PAMMEL CREEK RD La Crosse, WI 54601 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$426.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.61	Nonpriority creditor's name and mailing address TY INC 280 CHESTNUT AVE Westmont, IL 60559 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,887.72 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.62	Nonpriority creditor's name and mailing address UNIVERSITY GAMES 2030 HARRISON STREET San Francisco, CA 94110 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$23,791.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.63	Nonpriority creditor's name and mailing address US ATTORNEY 600 US COURTHOUSE 300 S FOURTH ST Minneapolis, MN 55415 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>NOTICE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	VOLTZ, INC. Name _____	Case number (if known) _____
--------	----------------------------------	------------------------------

3.64	Nonpriority creditor's name and mailing address US BANK BANKRUPTCY/RECOVERY DEPARTMENT PO BOX 5229 Cincinnati, OH 45201 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$26,705.41 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.65	Nonpriority creditor's name and mailing address US SMALL BUSINESS ADMINISTRATION 332 S MICHIGAN STE 600 Chicago, IL 60604 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$499,186.39 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.66	Nonpriority creditor's name and mailing address USAOPOLY 5999 AVENIDA ENCINAS Carlsbad, CA 92008 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11,162.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.67	Nonpriority creditor's name and mailing address WEST ACRES DEVELOPMENT 3902 13TH AVE S. STE 3717 Fargo, ND 58103 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,930.72 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.68	Nonpriority creditor's name and mailing address WINNING MOVES 75 SYLVAN STREET STE C-104 Danvers, MA 01923 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11,594.57 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	ABC AMEGA 500 SENECA ST STE 503 Buffalo, NY 14204-1963	Line <u>3.16</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	ALTUS RECEIVABLES MANAGEMENT 2121 AIRLINE DRIVE, STE 520 METAIRIE, LA 70001	Line <u>3.32</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor	VOLTZ, INC. Name	Case number (if known)
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed? Last 4 digits of account number, if any
4.3	ALTUS RECEIVABLES MANAGEMENT 2121 AIRLINE DRIVE, STE 520 METAIRIE, LA 70001	Line <u>3.31</u> <input type="checkbox"/> Not listed. Explain _____
4.4	ATWELL, CURTIS & BROOKS LTD PO BOX 913 Hackettstown, NJ 07840	Line <u>3.18</u> <input type="checkbox"/> Not listed. Explain _____ 1175
4.5	ERICORE 10115 KINCEY AVE STE 100 Huntersville, NC 28078	Line <u>3.54</u> <input type="checkbox"/> Not listed. Explain _____
4.6	LARKIN HOFFMAN DALY & LINDGREN LTD 8300 NORMAN CENTER DR STE 1000 ATTN HEIDI BASSETT Minneapolis, MN 55437	Line <u>3.36</u> <input type="checkbox"/> Not listed. Explain _____
4.7	LEVITON LAW FIRM ATTN DON A LEVITON ESQ ONE PIERCE PLACE STE 725W Itasca, IL 60143	Line <u>3.56</u> <input type="checkbox"/> Not listed. Explain _____
4.8	PAMELA ASHCRAFT TUCKER, ALBIN & ASSOCIATES, INC. 1702 N. COLLINS BLVD STE 100 Richardson, TX 75080	Line <u>3.59</u> <input type="checkbox"/> Not listed. Explain _____
4.9	SUMMIT A*R PO BOX 131 Champlin, MN 55316	Line <u>3.15</u> <input type="checkbox"/> Not listed. Explain _____
4.10	US SMALL BUSINESS ADMIN MINNESOTA DISTRICT OFFICE 330 2nd AVE S STE 430 Minneapolis, MN 55401-2224	Line <u>3.65</u> <input type="checkbox"/> Not listed. Explain _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 68,685.00
5b. +	\$ 1,721,893.35
5c.	\$ 1,790,578.35

Fill in this information to identify the case:

Debtor name **VOLTZ, INC.**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

COMMERCIAL LEASE AGREEMENT - LOCATION: 12255 WAYZATA BLVD, STE 1141, MINNETONKA MN 55305

State the term remaining

ENDS: JULY 31, 2028

List the contract number of any government contract

N/A

**BROOKFIELD PROPERTIES
RIDGEDALE SHOPPING CENTER SDS 12 2774
PO BOX 86
Minneapolis, MN 55486**

2.2. State what the contract or lease is for and the nature of the debtor's interest

COMMERCIAL LEASE AGREEMENT - LOCATION: 1595 HIGHWAY 36 W, STE 712, ROSEVILLE, MN 55113

State the term remaining

ENDS: DECEMBER 31, 2025

List the contract number of any government contract

N/A

**ROSEDALE CENTER
1595 HIGHWAY 36W
ROSEVILLE, MN 55113**

2.3. State what the contract or lease is for and the nature of the debtor's interest

COMMERCIAL LEASE AGREEMENT - LOCATION: 10 SOUTHDAL CENTER STE 1585, EDINA, MN 55435

State the term remaining

ENDS: MARCH 31, 2030

List the contract number of any government contract

N/A

**SIMON PROPERTY GROUP SOUTHDAL EDINA
10 SOUTHDAL CENTER
EDINA, MN 55435**

Debtor 1 **VOLTZ, INC.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.4. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

COMMERCIAL LEASE AGREEMENT - LOCATION: 1600 MILLER TRUCK HWY, STE J12A, DULUTH, MN 55811

ENDS: MAY 17, 2027

N/A

**SIMON PROPERTY GROUP-MILLER HILL DULUTH
867675 RELIABLE PARKWAY
Chicago, IL 60686**

2.5. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

COMMERCIAL LEASE AGREEMENT - LOCATION: 3902 13TH AVE S, STE 2309, FARGO, ND 58103

ENDS: JUNE 30, 2028

N/A

**WEST ACRES DEVELOPMENT FARGO
3902 13TH AVE S. STE 3717
Fargo, ND 58103**

Fill in this information to identify the case:

Debtor name **VOLTZ, INC.**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **BRAD RUOHO**

**PO BOX 1235
MAPLE GROVE, MN 55311
CO-DEBTOR**

BREMER BANK

☒ D 2.1
☐ E/F _____
☐ G _____

2.2 **BRAD RUOHO**

**PO BOX 1235
MAPLE GROVE, MN 55311
CO-DEBTOR**

**NORTHEAST
ENTREPRENEUR
FUND INC**

☒ D 2.3
☐ E/F _____
☐ G _____

2.3 **BRAD RUOHO**

**PO BOX 1235
MAPLE GROVE, MN 55311
CO-DEBTOR**

**MERIDIAN
EQUIPMENT
FINANCE LLC**

☒ D 2.2
☐ E/F _____
☐ G _____

Fill in this information to identify the case:

Debtor name VOLTZ, INC.

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/25

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:
From 1/01/2025 to **Filing Date**

Sources of revenue
Check all that apply

☐ Operating a business
☒ Other GROSS REVENUE

Gross revenue
(before deductions and exclusions)

\$814,810.00

For prior year:
From 1/01/2024 to 12/31/2024

☐ Operating a business
☒ Other GROSS REVENUE

\$3,052,143.00

For year before that:
From 1/01/2023 to 12/31/2023

☐ Operating a business
☒ Other GROSS REVENUE

\$4,722,464.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$8,575. (This amount may be adjusted on 4/01/28 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **VOLTZ, INC.**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. ASMONDEE NORTH AMERICA 1995 WEST COUNTY ROAD B2 Saint Paul, MN 55113	04/17/2025 - \$500.00 03/20/2025 - \$9972.55	\$10,472.55	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. BROOKFIELD PROPERTIES RIDGEDALE SHOPPING CENTER SDS-12-2774 PO BOX 86 Minneapolis, MN 55486	04/29/2025 - \$6,011.25 04/01/2025 - \$6,011.25	\$12,022.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other LANDLORD
3.3. RHODE ISLAND NOVELTY 5 INDUSTRIAL ROAD Cumberland, RI 02864	4/1/2025 - \$9,998.00 3/6/2025 - \$9,743.44	\$19,741.44	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.4. SCHLEICH	06/18/2025 - \$19.04 05/14/2025 - \$2,061.80 04/30/2025 - \$1,296.02 04/23/2025 - \$ 810.78 04/14/2025 - \$3,306.18 03/11/2025 - \$2,141.49	\$9,635.31	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.5. SIMON PROPERTY GROUP 867675 RELIABLE PARKWAY Chicago, IL 60686	06/06/2025 - \$1,000.00 06/06/2025 - \$1,000.00 04/16/2025 - \$1,000.00 04/01/2025 - \$4,199.10 04/01/2025 - \$1,000.00 03/18/2025 - \$4,000.00 03/18/2025 - \$1,000.00 03/18/2025 - \$4,199.10	\$13,398.20	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other LANDLORD (TWO LOCATIONS)
3.6. WEST ACRES DEVELOPMENT 3902 13TH AVE S. STE 3717 Fargo, ND 58103	05/28/2025 - \$5,000.40 03/18/2025 - \$4,023.24	\$9,023.64	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other LANDLORD

Debtor **VOLTZ, INC.**

Case number (if known)

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$8,575. (This amount may be adjusted on 4/01/28 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	MOAC MALL HOLDINGS LLC V. VOLTZ INC DBA LEGACY TOYS 27-CV-24-17491	BREACH OF CONTRACT	HENNEPIN COUNTY COURT 300 SOUTH 6TH ST. Minneapolis, MN 55487	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.2.	MOAC MALL HOLDINGS LLC V. VOLTZ INC DBA LEGACY TOYS 27-CV-24-10168	EVICITION ACTION	HENNEPIN COUNTY COURT 300 SOUTH 6TH ST. Minneapolis, MN 55487	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None
Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**
☐ None

Debtor VOLTZ, INC. Case number (if known) _____

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
--	--	---------------	------------------------

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. LAMEY LAW FIRM, P.A. 980 INWOOD AVE N OAKDALE, MN 55128-7094	ATTORNEY FEES AND COURT FILING FEE	AUGUST 2024 - \$3,500 FEBRUARY 2025 - \$12,000	\$15,500.00
Email or website address JLAMEY@LAMEYLAW.COM			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

13. Transfers not already listed on this statement

List any transfers of money or other property - by sale, trade, or any other means - made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Debtor **VOLTZ, INC.**

Case number (if known)

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1	MOAC MALL HOLDINGS LLC NW 5826, PO BOX 1450 Minneapolis, MN 55485	A FACE PLACE MARVEL ADVENTURE LAB, PHOTO ATTRACTIKON & CARD READER WAS LEFT BEHIND AFTER THE MALL OF AMERICA EVICTED THE DEBTOR	SUMMER 2024	\$10,000.00
	Relationship to debtor NONE.			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	---	---

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
---	------------------------------------	----------------------------------	---	---

19. Safe deposit boxes

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

page 5

Debtor **VOLTZ, INC.**

Case number (if known)

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
---	--	-----------------------------	----------------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
---------------------------	-----------------------------------	-----------------------------	----------------------------

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Debtor **VOLTZ, INC.**

Case number (if known)

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Date of service
From-To

26a.1. **WALKER GIROUX & HAHNE LLC**
225 1ST STREET N STE 2400
Virginia, MN 55792

LAST 2+ YEARS

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address

If any books of account and records are
unavailable, explain why

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.Name of the person who supervised the taking of the
inventory

Date of inventory

The dollar amount and basis (cost, market,
or other basis) of each inventory**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Name

Address

Position and nature of any
interest% of interest, if
any**BRAD RUOHO****PO BOX 1235**
MAPLE GROVE, MN 55311**PRESIDENT****100****29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?**

Debtor **VOLTZ, INC.**

Case number (if known)

- ☒ No
☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	BRAD RUOHO PO BOX 1235 MAPLE GROVE, MN 55311	\$48,772.90 - GROSS WAGES. THE DEBTOR HAS ALSO LOANED THE COMPANY MONEY AND THEN PAID HIMSELF BACK PART OF THE LOANED FUNDS.	LAST 12 MONTHS	SERVICES RENDERED
	Relationship to debtor OWNER			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **June 25, 2025****/s/ BRAD RUOHO**

Signature of individual signing on behalf of the debtor

BRAD RUOHO

Printed name

Position or relationship to debtor **PRESIDENT****Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?**

- ☒ No
☐ Yes

LOCAL FORM 1007-1
REVISED 06/16

**United States Bankruptcy Court
District of Minnesota**

In re **VOLTZ, INC.**

Debtor(s)

Case No.

Chapter

11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal Services, I have agreed to accept	\$	HOURLY - SEE APPLICATION TO EMPLOY
Prior to the filing of this statement I have received	\$	13,763.00 PLUS FILING FEE
Balance Due	\$	TO BE DETERMINED

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of the compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people or entities sharing in the compensation, is attached.

5. In return for the above-disclosed fee, together with such further fee, if any, as is provided in the written contract required by 11 U.S.C. §528(a)(1), I have agreed to render legal service for all aspects of the bankruptcy case, including:

a.. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

b.. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

c.. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

d.. Representation of the debtor in contested bankruptcy matters; and

e.. Other services reasonably necessary to represent the debtor(s).

6. Pursuant to Local Rules 1007-1 and 1007-3-1, I have advised the debtor of the requirements in the Statement of Financial Affairs to disclose all payments made, or property transferred, by or on behalf of the debtor to any person, including attorneys, for consultation concerning debt consolidation or reorganization, relief under bankruptcy law, or preparation of a petition in bankruptcy. I have reviewed the debtor's disclosures and they are accurate and complete to the best of my knowledge.

LOCAL FORM 1007-1
REVISED 06/16

CERTIFICATION

I certify that the foregoing, together with the written contract required by 11 U.S.C. §528(a)(1), is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy case.

Dated: **June 25, 2025**

Signature of Attorney

/s/ JOHN D. LAMEY III

JOHN D. LAMEY III 0312009

**United States Bankruptcy Court
District of Minnesota**

In re **VOLTZ, INC.**

Debtor(s)

Case No.
Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
BRAD RUOHO PO BOX 1235 MAPLE GROVE, MN 55311	COMMON STOCK	1000	100% OWNER OF COMPANY

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **PRESIDENT** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **June 25, 2025**

Signature **/s/ BRAD RUOHO
BRAD RUOHO**

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court
District of Minnesota**

In re **VOLTZ, INC.**

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the PRESIDENT of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **June 25, 2025**

/s/ BRAD RUOHO

BRAD RUOHO/PRESIDENT

Signer/Title

A&A GLOBAL INDUSTRIES
17 STENERSEN LANE
COCKEYSVILLE MD 21030-2113

ABC AMEGA
500 SENECA ST STE 503
BUFFALO NY 14204-1963

ACCEL MECHANICAL LLC
2105 7TH AVE N
FARGO ND 58102

ADT
452 SABLE BLVD UNIT G
AURORA CO 80011

ALLIANCE MECHANICAL SERVICES
1871 HEALYS RD
LOCUST HILL VA 23092

ALTUS RECEIVABLES MANAGEMENT
2121 AIRLINE DRIVE, STE 520
METAIRIE LA 70001

ASMONDEE NORTH AMERICA
1995 WEST COUNTY ROAD B2
SAINT PAUL MN 55113

ATWELL, CURTIS & BROOKS LTD
PO BOX 913
HACKETTSTOWN NJ 07840

BRAD RUOHO
PO BOX 1235
MAPLE GROVE MN 55311

BREMER BANK
ATTN PRESIDENT OR MANGING PARTNER
8555 EAGLE POINT BOULEVARD
LAKE ELMO MN 55042

BROOKFIELD PROPERTIES
RIDGEDALE SHOPPING CENTER
SDS-12-2774 PO BOX 86
MINNEAPOLIS MN 55486

BROOKFIELD PROPERTIES
RIDGEDALE SHOPPING CENTER SDS 12 2774
PO BOX 86
MINNEAPOLIS MN 55486

BUFFALO GAMES
220 JAMES E CASEY DRIVE
BUFFALO NY 14206

CEACO/GAMEWRIGHT
250 ROYALL STREET
STE 310 WEST
CANTON MA 02021

CENTER POINT ENERGY
505 NICOLLET MALL PO BOX 59038
MINNEAPOLIS MN 55459

CHASE CARD SERVICES
ATTN: BANKRUPTCY DEPARTMENT
PO BOX 15298
WILMINGTON DE 19850

COMCAST
CUSTOMER SERVICE DEPT
1500 MARKET ST
PHILADELPHIA PA 19102

COROLLE INC
1 CORPORATE DRIVE
GRANTSVILLE MD 21536

CRAZY AARON ENTERPRISES INC
710 E MAIN ST
NORRISTOWN PA 19401

DICKS SANITATION SERVICE, INC
PO BOX 679859
DALLAS TX 75267

DJECO
PO BOX 600
GRANTSVILLE MD 21536

DOUIGLAS TOYS
69 KRIF ROAD
KEENE NH 03431

ENESCO LLC
500 PARK BLVD STE 1300
ITASCA IL 60143

ERICORE
10115 KINCEY AVE STE 100
HUNTERSVILLE NC 28078

FARGO GLASS & PAINT CO
400 EAST 54TH ST N
SIOUX FALLS SD 57104

FAT BRAIN TOYS
20516 NICHOLAS CIRCLE
ELKHORN NE 68022

FEDEX
PO BOX 94515
PALATINE IL 60094-4515

FIESTA
1405 JUPITER RD STE 104
PLANO TX 75074

GORGAS INC
768 HARRISON ST STE 2
SAN FRANCISCO CA 94107

HACHETTE BOOK GROUP
53 STATE STREET
9TH FLOOR
BOSTON MA 02109

HUNT ELECTRIC
7900 CHICAGO AVE
BLOOMINGTON MN 55420

IRS
PO BOX 7346
PHILADELPHIA PA 19101-7346

JELLCAT
800 WASHINGTON AVE NORTH STE 500
MINNEAPOLIS MN 55401

KETER ENVIRONMENTAL SERVICES, INC.
4 HIGH RIDGE PARK STE 202
STAMFORD CT 06905

LARKIN HOFFMAN DALY & LINDGREN LTD
8300 NORMAN CENTER DR STE 1000
ATTN HEIDI BASSETT
MINNEAPOLIS MN 55437

LEVITON LAW FIRM
ATTN DON A LEVITON ESQ
ONE PIERCE PLACE STE 725W
ITASCA IL 60143

MAGNATILES
1347 ENTERPRISE DRIVE
ROMEDEVILLE IL 60446

MANHATTAN TOY
110 5TH ST. NO. #700
MINNEAPOLIS MN 55403

MASTER PIECES INC
ATTN PRESIDENT
12475 N RANCHO VISTOSO BLVD
TUCSON AZ 85755-1894

MATTEL INC.
PO BOX 100125
ATLANTA GA 30384

MELISSA & DOUG, LLC
PO BOX 590
WESTPORT CT 06881

MERIDIAN EQUIPMENT FINANCE LLC
ATTN CHIEF MANAGER
9 OLD LINCOLN HIGHWAY
MALVERN PA 19355

METRONET
PO BOX 630546
CINCINNATI OH 45263-0546

MINNESOTA DEPT OF REV
COLLECTION DIVISION
PO BOX 64564
SAINT PAUL MN 55164-0564

MIRACLE MILE LLC
3251 W 6TH ST STE 109
LOS ANGELES CA 90020

MN UNEMPLOYMENT
DEPT OF EMPLOYMENT & ECONOMIC DEVELOPMEN
PO BOX 4629
SAINT PAUL MN 55101

MOAC MALL HOLDINGS LLC
2131 LINDAU LANE
PO BOX 1450
MINNEAPOLIS MN 55425

NORTHEAST ENTREPRENEUR FUND INC
ATTN PRESIDENT OR MANAGING OFFICER
202 W. SUPERIOR ST., SUITE 311
DULUTH MN 55802

OLD NATIONAL BANK
ATTN PRESIDENT OR MANAGING PARTNER
1 MAIN ST
EVANSVILLE IN 47708

OOLY LLC
5607 PALMER WAY
CARLSBAD CA 92010

OUTFRONT MEDIA LLC
1333 NEW HAMPSHIRE AVE NW STE 460
WASHINGTON DC 20036

PAMELA ASHCRAFT
TUCKER, ALBIN & ASSOCIATES, INC.
1702 N. COLLINS BLVD STE 100
RICHARDSON TX 75080

PARC PACKAGING
PO BOX 24726
JACKSONVILLE FL 32241

PLAY VISIONS
19180 144TH AVE NE
WOODINVILLE WA 98072

PLAYMOBIL
26 COMMERCE DRIVE
CRANBURY NJ 08512

QUALITY FORKLIFT SALES & SERVICES INC
5300 12TH AVE E
SHAKOPEE MN 55379

RAVENSBURGER NORTH AMERICA, INC
1 PUZZLE LANE
NEWTON NH 03858

RHODE ISLAND NOVELTY
5 INDUSTRIAL ROAD
CUMBERLAND RI 02864

ROBERT GIBB & SONS, INC
2011 GREAT NORTHERN DRIVE
FARGO ND 58102

ROSEDALE CENTER
1595 HIGHWAY 36W
ROSEVILLE MN 55113

SCHYLLING C/O BERKSHIRE BANK
PO BOX 941
WORCESTER MA 01613

SHADYWOOD TREE EXPERTS & LANDSCAPING
402 11TH AVE S
HOPKINS MN 55343

SHOPIFY INC
ATTN PRESIDENT OR MANAGING OFFICER
33 NEW MONTGOMERY ST. SUITE 750
SAN FRANCISCO CA 94105

SIMON PROPERTY GROUP SOUTHDAL E DINA
10 SOUTHDAL E CENTER
EDINA MN 55435

SIMON PROPERTY GROUP-MILLER HILL
867675 RELIABLE PARKWAY
CHICAGO IL 60686

SIMON PROPERTY GROUP-MILLER HILL DULUTH
867675 RELIABLE PARKWAY
CHICAGO IL 60686

SIMON PROPERTY GROUP-SOUTHDAL E
10 SOUTHDAL E CENTER
EDINA MN 55435

SMART TOYS & GAMES
480 2ND STREET #203
SAN FRANCISCO CA 94107

SPEE-DEE DELIVERY SERVICE INC
BOX 1417
SAINT CLOUD MN 56302

SPIN MASTER
300 INTERNATIONAL DRIVE STE 100
BUFFALO NY 14221

SUMMIT A*R
PO BOX 131
CHAMPLIN MN 55316

TEDCO TOYS
498 S WASHINGTON ST
HAGERSTOWN IN 47346

TFORCE FREIGHT INC
7664-A FULLERTON RD
SPRINGFIELD VA 22153

THE HARTFORD FINANICAL SERVICES GROUP
ONE HARDFORD PLAZA
HARTFORD CT 06155

TOMY INTERNATIONAL INC
39792 TREASURY CENTER
CHICAGO IL 60694

TONNA MECHANICAL
1440 INDUSTRIAL DR NW
ROCHESTER MN 55901

TOY SMITH
3101 WEST VALLEY HWY EAST
SUMNER WA 98390

TRANE US INC.
3600 PAMMEL CREEK RD
LA CROSSE WI 54601

TY INC
280 CHESTNUT AVE
WESTMONT IL 60559

UNIVERSITY GAMES
2030 HARRISON STREET
SAN FRANCISCO CA 94110

US ATTORNEY
600 US COURTHOUSE
300 S FOURTH ST
MINNEAPOLIS MN 55415

US BANK
BANKRUPTCY/RECOVERY DEPARTMENT
PO BOX 5229
CINCINNATI OH 45201

US SMALL BUSINESS ADMIN
MINNESOTA DISTRICT OFFICE
330 2ND AVE S STE 430
MINNEAPOLIS MN 55401-2224

US SMALL BUSINESS ADMINISTRATION
332 S MICHIGAN STE 600
CHICAGO IL 60604

USAOPOLY
5999 AVENIDA ENCINAS
CARLSBAD CA 92008

WEST ACRES DEVELOPMENT
3902 13TH AVE S. STE 3717
FARGO ND 58103

WEST ACRES DEVELOPMENT FARGO
3902 13TH AVE S. STE 3717
FARGO ND 58103

WINNING MOVES
75 SYLVAN STREET
STE C-104
DANVERS MA 01923